

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26435

1. PLACE OF DEATH

County JacksonRegistration District No. 399

Township

Primary Registration District No. 1002City Kansas City(No. RESEARCH HOSPITAL St. 3163 Ward)

2. FULL NAME

KEITH KILGORE

(a) Residence, No. _____ St., _____

Ward. _____

(Usual place of abode)

ARMSTRONG M.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

JAN 6 1919

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

1470

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ARMSTRONG MO

FATHER

13. NAME E. G. KILGORE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ARMSTRONG MO

MOTHER

15. MAIDEN NAME OPAL KIRBY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ARMSTRONG MO.

17. INFORMANT (ADDRESS)

E G KILGORE

18. BURIAL, CREMATION, OR REMOVAL

PLACE ARMSTRONG DATE AUG 6 1933

19. UNDERTAKER (ADDRESS)

A H OLDAKER ARMSTRONG MO

20. FILED

Aug 6 1933 mm Crouse
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug. 6 193322. I HEREBY CERTIFY, That I attended deceased from August 5 1933 to August 6 1933I last saw him alive on Aug. 6 1933. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Acute gangrenous appendicitisgeneralized peritonitis

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Montgomery(Address) 1332 Professional Bldg.

